|   |  |            |                                |          |          |  |                  |            | Application or Docket Number |          |                        |        |                            |                        |  |
|---|--|------------|--------------------------------|----------|----------|--|------------------|------------|------------------------------|----------|------------------------|--------|----------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 1997  |  |            |                                |          |          |  |                  |            |                              |          |                        |        |                            |                        |  |
|   |  |            |                                |          |          |  |                  |            |                              |          |                        |        |                            |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |            |                                |          |          |  |                  |            | SMALL ENTITY TYPE            |          |                        | OR     | OTHER THAN<br>SMALL ENTITY |                        |  |
| FOR   |  |            | NUMBER FILED                   |          |          | NUMBER EXTRA                             |                  | ſ          | RATE                         | T        | FEE                    |        | RATE                       | FEE                    |  |
| BASIC FEE   |  |            |                                |          |          |  |                  |            |                              |          | 395.00                 | OR     |                            | 790.00                 |  |
| TOTAL CLAIMS  |  |            |                                | minus    | 20 =     | 20 = *                                   |                  |            | x\$11=                       |          |                        | OR     | x\$22=                     |                        |  |
| INDEPENDENT CLAIMS  |  |            | , minus 3                      |          |          | 3 = *                                    |                  |            | x41=                         |          | OR                     | x82=   |                            |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |            |                                |          |          |  |                  | +135=      |                              |          |                        | +270=  |                            |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |            |                                |          |          |  | L                | TOTAL      | +                            |          | OR                     | TOTAL  |                            |                        |  |
| CLAIMS AS AMENDED - PART II   |  |            |                                |          |          |  |                  |            |                              | L        | ,                      | OR     |                            |                        |  |
| (Coli   |  |            | MS AS A<br>ımn 1)              | AMENDED  |          | RT II<br>olumn 2)                        | (Column 3)       | SMALL      |                              | LL E     | ENTITY                 | OR     | OTHER THAN SMALL ENTITY    |                        |  |
| ENT A   |  | REM/<br>AF | AIMS<br>AINING<br>TER<br>DMENT |          | PRE      | GHEST<br>UMBER<br>EVIOUSLY<br>AID FOR    | PRESENT<br>EXTRA |            | RATE                         |          | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| <b>AMENDMENT</b>  | Total  | * /        | /                              | Minus    | ** (     | 20                                       | =                |            | x\$11=                       | =        |                        | OR     | x\$22=                     |                        |  |
|   | Independent                                    | • /        | <i>/</i>                       | Minus    | ***      | 3  |                  |            | x41=                         | +        |                        | OR     | x82=                       |                        |  |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                |          |          |  |                  |            | +135=                        | =        |                        | OR     | +270=                      |                        |  |
|   |  | (Col       | umn 1)                         |          | ıc       | 'aluma 2)                                | (Column 3)       | Al         | TOTA<br>DDIT. FE             |          |                        | OR     | TOTAL<br>ADDIT. FEE        |                        |  |
|   |  | CL         | AIMS                           |          |          | Column 2)                                | (Column 5)       | l r        | -                            | <u> </u> |                        | 1      |                            |                        |  |
| AMENDMENT   | 18/09/   | AF         | AINING<br>TER<br>IDMENT        | Į)       | PRE      | UMBER<br>EVIOUSLY<br>AID FOR             | PRESENT<br>EXTRA |            | RATE                         |          | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *          |                                | Minus    | n        | U  | =                | <b>]</b> [ | x\$11:                       | =        |                        | OR     | x\$22=                     |                        |  |
|   | Independent                                    | *          | Y                              | Minus    | ***      |  | =                |            | x41=                         | =        |                        | OR     | x82=                       |                        |  |
| <b>▼</b>  | FIRST PRE                                      | SENTA      | TION OF                        | MULTIPLE | DEP      | ENDENT CL                                | AIM              |            | +135                         | =        | •                      | OR     | +270=                      |                        |  |
|   | (Column 1)                                     |            |                                |          |          |  | (0-1             | A          | TOT.                         |          |                        | OR     | TOTAL<br>ADDIT. FEE        |                        |  |
|   | (Column 1) (Column 2)  CLAIMS HIGHEST          |            |                                |          |          |  | (Column 3)       | 1          |                              | 7        |                        | -<br>1 |                            |                        |  |
| AMENDMENT C   |  | REM<br>Al  | AINING<br>FTER<br>NDMENT       |          | N<br>PRI | IIGHEST<br>IUMBER<br>EVIOUSLY<br>AID FOR | PRESENT<br>EXTRA |            | RATE                         | =        | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | * /        | 1                              | Minus    |          | 30                                       | =                |            | x\$11                        | =        |                        | OR     | x\$22=                     |                        |  |
|   | Independent                                    |            | /                              | Minus    | ***      | 3  | =                |            | x41=                         | =        |                        | OR     | x82=                       |                        |  |
| Į₹  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                |          |          |  |                  |            | +135                         | =        |                        | OR     | +270=                      | _                      |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |            |                                |          |          |  |                  |            |                              |          |                        |        |                            |                        |  |